Download this form, fill it out (offline - not via your browser),

and press Submit

Kankakee Grain Inspection, Inc.

APPLICATION FOR EMPLOYMENT

* Equal Opportunity Employer *

Personal Information (Please Print Clearly)

Name	Social Security Number			
Street Address City	State Zip Code			
Phone Number Cell Phone	E-Mail Address			
Were you referred by a current employee of ours? No	Yes Who?			
Are you legally authorized to work in the United States of Amer				
Employment Desired				
Position desired	Full-Time Date you can start Wage desired			
	Part-Time			
Able and available for work (Please check all that apply) Have	you applied with us before? No Yes			
If Yes Mon-Fri Sat Sun Evenings Holidays	s, when and for what position?			
mon mays				
Previous Employment (Start with most recent)				
Start Date End Date Employer Name and Location	Phone Number			
Position/Duties	Wage Rate			
Reason for leaving	Supervisor's Name			
If current employer, may we contact? No Yes (Checking "Yes" confirms that your current employer is aware that you are looking for another position.)				
Start Date End Date Employer Name and Location	Phone Number			
Position/Duties	Wage Rate			
Reason for leaving	Supervisor's Name			
Start Date End Date Employer Name and Location	Phone Number			
Position/Duties	Wage Rate			
Reason for leaving	Supervisor's Name			

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Education

Eddedtion						
Name of high school (or GED Yes)	Location	•	Graduated?	Yes	No	
Callaga /Tuada Calaga		D /	Ct:f:t - F			
College/Trade School	Location	Degree/	Degree/Certificate Earned			
Callago/Tuada Cabaal	Landin .	Dograp	Cortificato Far	nod		
College/Trade School	Location	Degree/	Certificate Ear	neu		
Additional Information						
Additional Education, Training, Certification, o	or Professional Licer	nsing				
Professional References (Previous Supe	rvisors and/or co-w	orkers preferred)				
Name Relationship to You		Years Known	Phone	Number		
Name Relationship to You		Years Known	Phone	Phone Number		
Deletion de la constitución de l	- V-		Dlana	NII.		
Name Relationship to	You	Years Known	Phone Number			
	Authorizat					
I certify that information provided by me and recollection. I understand that, if employed, f						
will be grounds for employment termination.						
I understand that if I am selected for furth on the information contained in this application.	•		-			
verification, criminal background investigation, and	d, if related to the po	sition for which I am apply	ing, a motor veh	icle report	t and/or	
credit report. The pre-employment screening will law. I understand and expressly consent to the pre-					th the	
understand that the information necessary to com	plete the process ma	y include birth date, social	security number	r, maiden		
and other such personal identification information Unless I have expressly indicated that a p			•	•		
those employers to release qualitative information	n, including, but not li	mited to the quality of my	work, productiv	ity, attend	lance,	
reliability, working relationships, and reason for le I understand and agree that no represent	_	=				
to enter into any agreement for employment for a						
with Kankakee Grain Inspection, Inc.		,		·	,	
Signature		Date				
oignical C						
Print Name						

Equal Opportunity Employment: In compliance with all equal opportunity employment laws, qualified applicants are considered for all positions, without regard to any classification protected by federal or state law.